Solicitation Information
February 26, 2014

RFI# 7548525

TITLE: Rhode Island Health Care Quality Measurement, Reporting and Feedback Submission

Submission Deadline: March 27, 2014 @ 10:30 AM (ET)

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **March 10, 2014 @ 10:00 AM (ET).** Questions should be submitted in a *Microsoft Word attachment.* Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis

Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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1.0 INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf Rhode Island Executive Office of Health and Human Services (EOHHS), is soliciting responses from qualified entities to explore the implementation of a Rhode Island Health Care Quality Measurement, Reporting and Feedback System. RI intends to use the results of this process to gather information about and explore technologies and solutions available in the marketplace for collecting, validating and aggregating quality measures, along with analyzing, benchmarking providing feedback to providers, payers, state and federal government and the public.

This is a Request for Information (RFI). No award will be made as a result of this solicitation. The results of this information gathering process may be used to aid the EOHHS and its partner agencies in the development of one or more Request for Proposals to carry out this work. EOHHS may request demonstrations from qualified vendor respondents for the express purpose of developing RFP criteria.

1.1 INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

2. The State invites feedback from the community on any questions posed in this RFI. Please note it is not a requirement to answer all questions.

3. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.

4. This is a Request for Information (RFI), and as such no award will be made as a result of this solicitation.

5. All costs associated with developing or submitting responses to this RFI, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for any costs.

6. Responses misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. Respondents are advised that all materials submitted to the State for consideration in response to this RFI will not be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island. The responses may only be released for

inspection upon RFI once an award of a subsequent procurement has been made, as long as the release will not place the State at a competitive disadvantage in its sole discretion.

8. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFI.

9. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.

10. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).

11. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, visit the website www.mbe.ri.gov .

2.0 Request for Information

This RFI outlines the type of information being solicited from potential respondents and includes guidelines for content and format of responses.

2.1 Requirements and Deadlines for Questions and Responses

2.1.1 QUESTIONS

Questions concerning this RFI may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this RFI. Please reference RFI # 7548525 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this RFI. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties regarding this RFI should be attempted**. Responses to this RFI should be submitted on or before the date listed on the cover page.. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases may not be considered.

2.1.2 RESPONSES

Submit one (1) original and two (2) copies, and one electronic copy of responses by the date and time stated on page one of this RFI. Submissions should be single spaced on 8 ½" by 11" pages with 1" margins using Times Roman 12 font.

Responses (an original plus two (2) copies/one electronic copy) must be mailed or hand-delivered in a sealed envelope marked "RFI# 7548525 Rhode Island Health Care Quality Measurement, Reporting and Feedback Submission" to:

RI Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Responses received after the above-referenced due date and time will not be considered. Responses misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered.

Responses faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

Based on the responses, Rhode Island may invite a vendor to present their approach and demonstrate their technical solution.

2.2 Introduction

The Rhode Island Division of Purchases ("Division"), on behalf of the State of Rhode Island ("State", "Rhode Island", or "RI"), is issuing this Request for Information ("RFI") to solicit specific information about the implementation and analytic tasks associated with building and maintaining a Rhode Island Healthcare Quality Measurement, Reporting and Feedback System (HQMRFS)

2.3 Purpose of this Request for Information

Through establishment of the RI Healthcare Quality Measurement, Reporting and Feedback System, Rhode Island seeks to create the capacity to obtain, analyze, benchmark, and feedback healthcare quality data from providers and their practice settings to inform quality improvement, health care purchasing, and consumer choice. In addition, several Rhode Island state agencies responsible for managing and overseeing various aspects of health care including the Executive Office of Health and Human Services (EOHHS/Medicaid), Department of Health (HEALTH), HealthSource RI (the states health insurance exchange), and The Office of the Health Insurance Commissioner (OHIC) will rely on this system and its infrastructure to evaluate healthcare quality performance across healthcare systems and providers, as part of new payment methodologies. The State also anticipates having an eventual public reporting and transparency process that will help to inform consumer decisions regarding where to receive health care services.

RI is currently considering various organizational and contracting strategies as it seeks to create and sustain a RI Quality Measurement and Reporting system through the use of health information technology. The goals of such system and infrastructure fall into three categories:

A. System Improvement:

Collect, benchmark and feedback a set of harmonized quality measures to health systems, provider practices, and individual providers in order to drive practice improvement, and to identify and share best practices among providers.

B. **Measure harmonization and reduced duplication of reporting effort**:

Reduce the reporting burden on providers by having data captured as part of routine care delivery. Data should flow efficiently and securely to all appropriate places to enable measure calculation and reporting, including a potential "data intermediary". A data intermediary is envisioned to be a statewide entity that would:

- aggregate and standardized quality measure data (using nationally accepted electronic standards consistent with those used by CMS and ONC VQP, HRSA, LTPAC etc).
- maintain trusted relationships with providers and other stakeholders
- ensure privacy and security requirements are met
- ensure measurement validity and reliability
- share quality measurement data back to providers

- aggregate data on behalf of providers and report to state, federal and other stakeholders such as payers.

C. **Consumer Information**:

Make data available to state agencies and others in order allow aggregate measures to be shared with consumers and assist the general public in making informed decisions about their health care providers

As evident by the above, there are a number of functions related to developing a Healthcare Quality Measurement, Reporting, and Feedback System to support transforming RI's health care system. The purpose of this RFI is to obtain feedback and insight from interested parties about which functions should be placed together and administered by one entity, the strengths and limitations of grouping various functions together, identification of missing functions, and recommendations for alternative approaches to achieving the outcome.

2.4 Background

The goal of the RI Healthcare Quality Measurement Reporting and Feedback system is to begin to utilize health information technology infrastructure, most notably electronic health records, to derive an agreed upon harmonized set of quality measures and to use those measures to monitor and improve the quality of healthcare provided to Rhode Islanders. There is much national and local agreement and focus on the need to develop, collect, feedback and make transparent a set of harmonize quality measures to inform providers, payers, policy makers and importantly patients as the health care system is transformed and new models of payment are implemented.

Over the past year, numerous discussions have taken place across the state that have supported such thinking. From the fall of 2012 through the spring of 2013, Rhode Island participated in the Trailblazer Initiative which was sponsored by the Office of the National Coordinator, through a contract with the National Academy for state health policy (NASHP). The focus of the Trailblazer initiative was to advance state efforts in aligning HIT activities and delivery system transformation, in order to have each participating state develop an action plan with the goal of streamlining quality measurement reporting and feedback infrastructure which could be used to support their State Innovation Model initiatives. The work accomplished through the Trailblazer initiative provided a strong basis and set of recommendations that were include in RI's State Health Innovation Plan (SHIP). The SHIP was the outcome of RI obtaining a State Health Innovation Model Design (SIM) grant to develop a statewide plan for implementing health care reform. Several workgroups were convened as part of the SIM community input process including a HIT and measurement workgroup. The workgroup recognized the need for and strongly recommended the collection and use of electronic provider-level performance data to strengthen quality improvement initiatives by offering timely and comprehensive feedback, and importantly by reducing the reporting burden through a streamlined, electronic data gathering system, where data can be reported once and used by many.

2.5 Proposed Functions of the RI Healthcare Quality Measurement and Reporting System

RI envisions having five overarching components of a healthcare quality measurement, reporting and feedback system:

1) selection and harmonization of quality measures;
2) data collection,
3) technical infrastructure to store and analyze electronic data;
4) data analytics and reporting,
5) public reporting.

Below is a more detailed discussion of each overarching component.

2.5.1 Selection and harmonization of Quality Measures

This effort is focused on facilitating the development of a standardized set of quality metrics for provider practices in RI that are required as part of value based purchasing and payment reform initiatives. There are a variety of already established and widely accepted quality measures. Examples of these measures are put forth through the National Quality Forum, National Committee on Quality Assurance, American Medical Association, and other national groups and commissions. There is a need to evaluate all evidence-based standard quality measurements available for processes and outcomes in order to establish a standardized set of measures to be evaluated for all practices; Many provider practices are currently involved with collecting information on certain process and outcome measures in order to achieve accreditation or meet conditions set forth by the government or private payers. The goal for this project is to develop and manage a community governance process that engages the providers, the payers, state agencies and consumers to harmonize a common set of core quality measures. Ideally the measures need to align with federal measures and be widely used by practices.

2.5.2 Data Collection

Data collection refers to all process associated with the collection of information required to meet the measures indicated. More specifically tasks associated with data collection should:

- Be electronic to the extent possible.
- Be at the individual or the aggregate level and should use national standards (e.g.; QRDA). This includes coordinating sets of measures appropriate to use at the individual provider level, at the hospital level and at other group levels such as for patient center medical homes (PCMHs) or accountable care organizations (ACOs).
- Reflect a complete understanding of EHR capabilities, and their technical limitations, including working with practices that have electronic health records to ensure they are documenting appropriately in their electronic health record on a core set of data in order to accurately reflect the actual patient information and provision of services.
- Include those providers that do not have electronic health records by developing systems to collect and submit the health care quality measures.
- Include validating the data for accuracy and cleaning of the data to ensure minimum error in transfer as well as any manual input of necessary.

2.5.3 Technical Infrastructure

The technical infrastructure refers to the technology platform (hardware, software,) upon which the quality measurement, reporting and feedback system is built. This includes tools, databases, web portals, etc needed to securely accept, transform, store, analyze and report the data. Several of the more well known existing models include the use of a web portal which provides functionality such as access by participating practices to:

- submit data if not able to generate electronically,
- view practice and individual provider performance measures, and compared to RI peers and national benchmarks,
- receive reports and alerts if practices or providers are falling below established benchmarks
- export data in order to perform analytics
- suggest strategies that allow providers to report their data once and be used by the multiple parties that have requested or are contracted to receive the data

2.5.4 Data Analytics and Reporting

Upon completion of the collection and cleaning of the electronic data, a variety of analytics will be performed in order to generate results to be used to evaluate within and across provider and practice performance. Ideally, the overall system will have the ability to:

- Include (or develop) consistent attribution strategies (patient to provider)
- Include (or develop) risk adjustment strategies in order to generate fair comparisons across all practices.
- Develop and implement a process to use the results in order to create a ranking system of all the practices based on results of outcomes and process measures, including calculating an aggregate measure of overall performance for each practice as well as the results for each quality indicator.
- Analyze and display data through tools that provide different levels of actionable feedback to providers, payers, government and consumers (potentially including a web portal); Results would be reported to each practice as a way to evaluate current performance and as a way to develop an improvement plan if results are below benchmarks.
- Have the capability to report the required quality measures to payers, the state and the federal government on behalf of the provider.
- Provide technical assistance to providers on the collection of the measures from their EHRs
- Analyze the potential for of combining additional data sources such as claims data, health information exchange data as permitted by law
- Fostering the sharing of best practices across provider sites based on benchmarking and feedback of data to providers.

2.5.5 Public Reporting

The purpose of public reporting is to increase transparency of provider performance and to aid in decision making for consumers. A public reporting process will foster practices to become more transparent about their performance as a means to create a more

informed consumer regarding the selection of health care providers. These public reporting efforts in collaboration with the Department of Health's Public reporting program are likely to combine quality measurement data from this initiative, with cost data from the state's all payers claims database. The public will be able to access the results of indicated measures for single practices and providers, compare across practices and providers, and also compare to already established benchmarks. A performance ranking will be established that will rank practices using some type of easy icon or rating scale (similar to Health grades or Physician Compare). The data will be able to be shared with other systems such as Healthsource RI (RI's health insurance exchange) such that consumer can access the information when reviewing provider networks while shopping for health insurance products. Researchers and the general public should also be able to download performance reports and also compare practices using a real time web tool.

2.6 Health Information Technology Environment in RI:

2.6.1 Electronic Health Records:

Based on the Department of Health's 2013 HIT Survey, is estimated that 55% of providers in this state are using an electronic health record system. Additionally, as reported by RI's Regional Extension Center, 776 priority primary care providers have achieved Stage 1 meaningful use. Currently there are slightly over 400 providers that are participating on the state's Medicaid EHR incentive program and of those 46% have achieved Meaningful Use (MU) Stage 1 and the remaining 54% have attested to adopting, implementing, or upgrading (AIU) their certified EHR technology. When providers attest to meaningful use, they have to attest to achieve both functional use requirements as well as achieving certain clinical quality measures. The Rhode Island Medicaid EHR incentive program has implemented MAPIR, an electronic attestation system which providers use to document their attestation information.

MAPIR is a 13 state collaborative effort and consists of states that contract with Hewlett-Packard (HP) as their Medicaid Management Information System (MMIS) vendor. MAPIR integrates into existing Medicaid systems, maximizing savings and improving efficiencies. MAPIR relies on a provider portal, provider data, a financial system and encounter data sources to support the processing of incentive applications and payments to providers. . The MAPIR collaborative software is developed centrally by HP on behalf of all 13 states. States then work with their own HP development team to make any changes needed specific to their state HER incentive program. As part of the attestation process, MAPIR collects numerator and denominator data for the clinical quality measures the providers are attesting to have met. Althought this information is submitted to MAPIR, currently MAPIR has no functionality to aggregate or report out on that data. There are early discussions among the MAPIR states regarding what functionality is needed with regard to eCQMs.

2.6.2 Currentcare – RI's Health Information Exchange (HIE);

Nationally, states are evaluating the extent to which HIE's may be used to generate clinical quality measures and serve as a data intermediary. While RI has statewide health information exchange, known as CurrentCare, which is administered by the Rhode

Island Quality Institute as the state's designated entity, it is important to note that Currentcare is required by law to operates under an opt-in consent model. As such, not all of a practice's or provider's patients may be enrolled in CurrentCare. Currently about 35 % of Rhode Islanders are enrolled in CurrentCare This limits today's ability to use CurrentCare as a data source or intermediary for deriving clinical quality measures which needs to reflect a practice or providers complete (or almost complete) entire patient panel.

2.6.3 The RI Chronic Care Sustainability Initiative (CSI)

CSI is Rhode Island's all-payer patient centered medical home program. As of 2013, approximately 200,000 RI adults, 200 physicians and 38 practices participate. One of the contractual requirements of the CSI program is the quarterly production and reporting of a set of standardized quality metrics from an EHR. Since 2008, practices have submitted these reports (numerators and denominators) to a central program management entity for aggregation, feedback and display. A website available only to program participants displays each practice's measures over time, along with CSI aggregate totals. This RFI seeks to continue and enhance upon this process, by expanding the analytic component; the process for risk adjustment of the measures, and the display and feedback mechanisms. CSI has also established a "measure harmonization" process by which all of the payers participating in the program agree upon the metrics, their specifications, and the benchmarks for achieving contractual requirements. It is anticipate that the entity referred to in this RFI would support that process for CSI and other payment reform programs as they develop.

2.6.4 All payer Claims Database (APCD)

In 2008, the Rhode Island General Court enacted Chapter 23-17.17-9, *Health Care Quality and Value Database*. This law directed the Rhode Island Department of Health to establish and maintain the Rhode Island All-Payer Claims Database, and gave The Department of HEALTH the authority to require payers, both public and private, to provide person-level claims data for health services paid on behalf of enrollees. The RI-APCD is now being developed as a large-scale database that systematically collects and aggregates enrollment, medical claims, pharmacy claims, and provider data from private payers (e.g. commercial insurers) and public payers such as Medicare and Medicaid. The APCD will allow for longitudinal tracking of individuals across insurance carriers at the individual provider level; robust reporting and analysis to aid and improve the calculation of risk scores; and for measuring utilization and spending. The APCD is governed by an interagency workgroup with representation from the Office of the Health Insurance commissioner, the states health insurance exchange known as HealthSource RI, Executive Office of Health and Human Services (which includes Medicaid), the Department of Health and the Lieutenant Governor's Office.

2.6.5 HealthSource RI (Rhode Island's Health Insurance Exchange).:

Rhode Island's Health Insurance Exchange, HealthSourceRI, was formed as a result of an Executive Order by the Governor. Since that time, Rhode Island has been committed in its efforts to establish a public health insurance exchange, and is notable in that it achieved many of the required steps as one of the first states to do so. HealthSourceRI opened successfully on October 1, 2013. One of the Goals of Healthsource RI to use the site to publish quality data on each of the payers, and their effectiveness at reaching specific population health goals.

In recognition of the need for increased interoperability, Rhode Island created the Unified Health Infrastructure Project (UHIP) designed to be a single technical platform that will support the HealthSource RI, along with Medicaid eligibility, and other state human service program eligibility. UHIP serves as a centralized resource for additional health information deemed necessary and appropriate. UHIP is an interagency initiative between HealthSourceRI, Executive Office of Health and Human Services (EOHHS), and the Office of the Health Insurance Commissioner (OHIC).

3.0 Content of Response

RI is requesting information about the most efficient and effective strategy to collect, measure, benchmark, and feedback clinical quality measures to the RI health care community and to consumers. RI appreciates the effort that is required for this response and looks forward to a successful quality measurement, reporting, and feedback system.

The following outline (and suggested page counts) is intended to minimize the effort of the respondent and structure the response for ease of analysis. The listed questions can be used to guide responses; please note that an answer to each question is not required. **Concise responses** are appreciated.

3.1 Section 1: Vendor Profile (1 Page)

- In order to understand the context of your response, Please provide a brief description of your organization, including your organization's interest in this project and (if applicable) experience with quality measurement and reporting products, services or use of. If you are responding as an individual, please describe your role (provider, consumer etc, and what your interest is in this project and if applicable any experience you have with quality measurement and reporting. Also please identify, any if, any measure sets have you or your organization have worked with? (National Quality Forum (NQF), National Committee on Quality Assurance (NCQA), American Medical Association (AMA), Agency for Healthcare Research & Quality (AHRQ), CMS's Meaningful Use etc.)

3.2 Section 2: Response to Specific Questions (15 pages)

3.2.1 General Questions about the health care quality measurement reporting and feedback system overall (3 pages):

1. Are there components or tasks that are critical to the success of Quality Measurement, Reporting and Feedback system that have not been discussed in this RFI. If so, please describe what those components and why they are important to included

2. What are the benefits, efficiencies and or risks to using open source tools (such as cypress and PopHealth)? What are the benefits, efficiencies or risks to leveraging and collaborating with other state's quality reporting systems

3. What are the pros and cons to the options below when considering developing quality measurement, reporting and feedback systems? Which option do you recommend and why?

   Option 1: One vendor for all of the tasks, including quality measure selection and harmonization, data collection, technical infrastructure and implementation, data analytics, risk adjustment and reporting and public reporting.

   Option 2: Splitting up the responsibility to carry out the various tasks which could result in more having more than one vendor.
   - Which of these tasks belong together and why?
   - Which tasks lend them to be performed by a vendor vs. by state staff or through community collaboration?
   - Should technical assistance, training and practice transformation be a separate component?

3.2.2 Questions related to Data Collection (2 pages):

4. What recommendations can you provide for collecting clinical quality measures given that some providers may be able to generate e- measures and others are not yet able?

5. What data format standards would you suggest using and why? Would the data format standards apply to both e-measures as well as manually calculated measures?

6. What data transport methods would you recommend using and why?

7. Are you familiar with the Quality Reporting Data Architecture (QRDA) 1 and 3 formats? What advice can you provide with regard to implementing these data formats? What do you see as the advantages as well as the challenges in implementing the use of these data formats? From your perspective when would you recommend using QRDA 1 vs. QRDA 3?

3.2.3 Questions related to Analysis, Reporting and Feedback (5 pages)*:*

8. What type of risk adjustment and stratification tools and methods are available to be applied to a quality measurement, reporting and feedback system and how easily those tools can or strategies are applied to aggregate level quality measures (numerators and denominators) verses patient level data.

9. What is the process/infrastructure you would recommend for sharing feedback with provider practices etc? (web portal, email reports via DIRECT, deface to face , combination of strategies)

10. Please recommend strategies for the public reporting process. What type of information should be conveyed to the public?

3.3.3 Questions related to the formation of a Measurement and Reporting Entity/Organization (data intermediary)(5 pages)

11. What are the critical attributes and capabilities that a Measurement, Reporting, and Feedback Entity/Organization (data intermediary) needs to have and needs to provide?

12. What capabilities are needed by a Measurement and Reporting Entity/Organization (data intermediary) to support payment reform efforts? What are the pros and cons of the entity being supported by payers as a means of measuring performance on contractual requirement

13. What is your approach to consensus around harmonization, attribution, peer grouping, risk stratification?

14. What form of governance would you recommend for a Measurement and Reporting Entity/Organization (data intermediary) to be most effective: not for profit, a public – private partnership, quasi public, for profit, state agency? Why?

15. How do you think such an entity can be financially sustained?

16. Should the Measurement and Reporting Entity/Organization (data intermediary) have a role and demonstrated capacity in the visual display and communication of measures to both the provider community and to the public? Why or why not? How should the entity involve stakeholders in the public reporting process?

17. Do you support the model which creates a Measurement and Reporting Entity/Organization (data intermediary)? If not do you have another model you would recommend (i.e. Providers generate and send their measures to those they are required to send and are provided TA in doing so, etc

Disclaimer

This Request for Information is solely for information and planning purposes and does not constitute a Request for Proposal. All information received in response to the RFI and marked as "Proprietary" will be handled accordingly. Responses to the RFI cannot be accepted by the State to form a binding contract. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI.

END